

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552028

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9	1					
10		1				
11		1				
12		1				
13	1					
14		1				
15		2				
16		2				
17		2				
18	1					
19	1					
20		2				
21	1					
22		1				
23		1				
24		2				
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26		2				
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28		2				
29			1			
30				1		
31				2		
32				2		
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35				2		
36			1			
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40				1		
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48						
49						
50						
TOTAL IND.	6		2			
TOTAL DEP.	28		11			
TOTAL CLAIMS	34		13			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						